

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000001		2 PAGE # 1 of 5	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.		FIRST Robert		MI MI
	NICKNAME Bob		LAST Allen		SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
	10601 Big Horn Trail Frisco, TX 75035				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.		FIRST Robert		MI MI
	NICKNAME Bob		LAST King		SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
	8370 Fair Oaks Frisco, TX 75034				
7 CAMPAIGN TREASURER PHONE	AREA CODE		PHONE NUMBER		EXTENSION
(972) 712-2391					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year		Month Day Year		
05/02/2009		THROUGH 07/15/2009			
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE		
	05/09/2009		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Frisco City Council Place 1 District 1		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..				
	Name				
	Address/PO Box; Apt. / Suite #; City; State; Zip Code				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Allen, Robert (Mr.)

15 ACCOUNT # (Ethics Commission filers)
0000000116 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

300.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

751.95

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

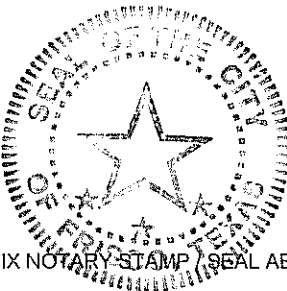
2,048.04

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

0.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Bob Allen

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bob Allen, this the 17th day of July, 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 3/5

2 FILER NAME Allen, Robert (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

05/04/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Medigovich, Robert (Mr.)6 Contributor address; City; State; Zip Code
8659 Woodstream Dr.
Frisco, TX 750347 Amount of
contribution (\$)

\$300.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 4/5
2 FILER NAME Allen, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 05/07/2009	5 Payee name Adventures in Printing 6 Payee address; City; State; Zip Code 450 Business Park Drive Suite 104 Prosper, TX 75078	7 Amount (\$) \$85.00
8 Purpose of payment (See instructions regarding type of information required.) Campaign Team Tee-Shirts (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/03/2009	Payee name Garden Ridge Payee address; City; State; Zip Code 1717 Spring Creek Pkwy Plano, TX 75074	Amount (\$) \$32.41
Purpose of payment (See instructions regarding type of information required.) Campaign Party Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/08/2009	Payee name Kroger's Payee address; City; State; Zip Code 7500 Preston Road Frisco, TX 75035	Amount (\$) \$277.89
Purpose of payment (See instructions regarding type of information required.) Campaign Dinner (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/09/2009	Payee name Rudy's BBQ Payee address; City; State; Zip Code 9828 Dallas Parkway Frisco, TX 75034	Amount (\$) \$297.15
Purpose of payment (See instructions regarding type of information required.) Campaign Dinner (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 5/5
2 FILER NAME Allen, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 05/02/2009	5 Payee name City of Frisco 6 Payee address; City; State; Zip Code 6101 Frisco Square Blvd Frisco, TX 75034 7 Purpose of expenditure (See instructions regarding type of information required.) Open Records Request (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$2.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 05/02/2009	Payee name iContact Payee address; City; State; Zip Code 2635 Meridian Pkwy Durham, NC 27713 Purpose of expenditure (See instructions regarding type of information required.) iContact List Serve Mailing List - April, 2009 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$19.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 06/01/2009	Payee name iContact Payee address; City; State; Zip Code 2635 Meridian Pkwy Durham, NC 27713 Purpose of expenditure (See instructions regarding type of information required.) iContact List Serve Mailing List - May/June, 2009 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$38.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended